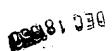
18 1950	STAND		FICATE OF DE	ATH	Ste	ste Rile No	42	999
	REG. DIST.	_{ю.} <u>318</u>						275
ATH			2. USUAL RESID	DENCE (WI	nere decessed b. C	l lived. If in	etitution: r	admission)
	RURAL and give township	c. LENGTH OF STAY (in this place	"		write RURAI	L and give town	5- G	· · · · · · · · · · · · · · · · · · ·
(If not in hospital or 5311 Alf:	institution, give stree red Ave.	t address or location)	d. STREET ADDRESS		-	-		
a. (First) Bernard			c. (Last)		4. DATE	(Month)	(Day)	(Year) 1950
	7. MARRIED, N WIDOWED, D	EVER MARRIED, IVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In ;	years if Under	Days H	UNDER M HRS.
ing life, even if retired	19b. KIND OF	BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (State	or foreign con	Etry) C	1	12. CITIZ COUNT	
	136. N	OTHER'S MAIDEN	NAME			AND OR WIF		Α
R IN U.S. ARMED	FORCES? 16. S	OCIAL SECURITY	17. INFORMANT	S SIGNAT	URE OR	NAME		DDRESS
I. DISEASE OR I		MEDICAL O	entification	lin			INTERVA	AL BETWEEN
Morbid condition rise to the above the underlying co	ns, if any, giving Dicause (a) stating nuse last. Difficant Condition	JE TO (c) DNS						
							I -	
(Specify)	21b. PLACE OF INJU- home, farm, factory, at	JRY (e.g., in or about treet, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP)	(1	COUNTY)		TATE)
(Day) (Year)	(Hour) 21e. INJ WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	21f. HOW DID INJURY	OCCUR7	- <u>-</u>	H	20	1
hat I attended	the deceased from	m 8-23-	2. A . m from the	ne causes a	, 19,	that I las	t saw the	deceased
		500000 00 ,			rea (/10 1/16)	wate oratel	 -	E SIGNED.
a. Se	il.	(Degree or title)	23b. ADDRESS (da	itte	Stop	· /2	1/1/5
24b. DATE 12/1/50	24c. N.	AME OF CEMETER	23230	2 Locatio		Sour own, or coun	. 12	(State)
	(If not in hospital or 5311 Alf a. (First) Bernard COLOR OR RACE White ON (Give kind of wording life, even if retired & Sale Strant I. DISEASE OR DIRECTLY LEAR ANTECEDENT (Morbid condition rise to the above the underlying or Conditions controlled to the dise 19b. MAJOR FIN (Baselly) (Day) (Year)	PRES. DIST. ATH orporate limits, write RURAL and give township) OUIS (If not in heapital or institution, give stree township) Bernard Ave. a. (First) b. Bernard He COLOR OR RACE 7. MARRIED, N. WIDOWED, D. Married (Married) Provided the Microscopy of the street	ATH orporate limits, write RURAL and effect township) OULS (If not in hospital or institution, give street address or location) 5311 Alfred Ave. a. (First) D. (Middle) Bernard COLOR OR RACE White ON (Give kind of working life, even if retired) P. Salesman ON (Give kind of working life, even if retired) P. Salesman See IN U.S. ARMED FORCES? I yee, give war or dates of service) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19b. MAJOR FINDINGS OF OPERATION (Bpecily) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) WHILE AT NOT WHILE MORK AT WORK AT WORK	ATH Corporate limits, write RURAL and give township) C. LENGTH OF COULS C. CITY (It outside so OR TOWN St.] C. CITY (It outside s	ATH ATH COUIS Orpurate limite, write RURAL and give township) of to	ATH ATH COUIS COUIS	REG. DIST. MO. 318 PRIMARY REG. DIST. MO. 1003 Registrar's No. ATH Compose the composition of the compos	ATH ATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: recording to the companion of the comp

Julia



CTATEMENT	DAZ FRONTO	CT CEADATECON

I hereby certify that the body whose name is recorded or	the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student Embalmer No
	Simil (Robert T. Gebbern)

Student Embalmer Licensed Embalmer No. 4/44

P. O. Address 230 State of Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.